

LICENSURE ADVANCEMENT FORM
FOR EDUCATORS EMPLOYED IN TENNESSEE PUBLIC SCHOOLS
SCHOOL YEAR 2002 - 2003

School System _____ Phone Number _____

School System Address _____
Street/PO Box _____ City _____ State _____ Zip Code _____

School System Number _____ School Number _____

Evaluation conducted by: _____ Principal/Supervisor _____

Educator's Name _____ Social Security Number _____

Mailing address _____
Street/PO Box _____ City _____ State _____ Zip Code _____

(Elementary Grade Level or Secondary Subject Area in which observation was conducted)

Apprentice License Type _____ Expiration Date _____

Verification of Experience

____ Years _____ Months _____ Days
(3 years of verified experience required)

Recommended Level

The educator has met the required competency level for all designated domains of competency and is recommended to advance to the Professional License:

_____ YES _____ NO

Criminal History

Answer the following question: Have you ever been convicted of a felony (including a conviction plea of nolo contendere), are you addicted to the use of intoxicants or narcotics, or have you ever falsified or altered documentation required for licensure? _____ YES _____ NO

Applicant's Signature _____ Date _____

Principal's Signature _____ Date _____

Director's Signature _____ Date _____

TL Use Only

Evaluator	<input type="checkbox"/>	Name/SSN	<input type="checkbox"/>	License/Endorsement	<input type="checkbox"/>	Experience	<input type="checkbox"/>
Recommended	<input type="checkbox"/>	Director's Signature	<input type="checkbox"/>	Issued	<input type="checkbox"/>	Returned	<input type="checkbox"/>